

## **In-Kind Donation Form**

All forms should be emailed or faxed to:
Anna Robins | robinsa@ccf.org | Fax: 702.260.9797

Donor Name (Company (As you would like to see yo	y or Individual): ur donation acknowledged in print.)						
Contact Person- Name,							
(To address donation ackno	wledgement letter to- if not the sam	ne as abo	ve.)				
Email:			Phone	:			
Address:							
City/State:				Zip	o:		
Item Donation Informa	tion: Please supply a high resolu	ution im	age of the it	em (o	r logo of	the company)	
Name of Item/Package:							
Retail Value:		be listed,	, even if part of tl	he packo	age is pricele	costs associated with ess (like a meet & gre ceipt/PO/invoice mo	et or celebrity
Description: Include quantity and any exciting details and description notes for the item.							
Donation Restrictions: State any limitations, special restrictions and expiration date.							
Contact for Redemption:		Phone,	/Email:				
Have you provided an ima	ge (300dpi) of the auction item:		YES			NO	)
Artwork Specifications	able or piece of memorabilia, it MU  Please fill this portion out only if yo					f authenticity or	appraisal.
Name of Artist:							
Title of work:							
Medium:		Dime	ensions: <i>in inc</i>	ches			
Current estimated					-	r an appraisal m	ust
Value:		ассо	mpany the do	onated	work.		
Please provide gallery stud	io, private dealer or previous owner	where a	rtwork was ni	ırchası	ed and av	ailahle contact ir	oformation:
Name:	is, private acuter of previous owner	.viicic d	Phone:	0.103	ca ana av	and the contact ii	
Address:			Email:				
-							



## **In-Kind Donation Form**

All forms should be emailed or faxed to:
Anna Robins | robinsa@ccf.org | Fax: 702.260.9797

M	etl	hod	of	de	liver	y:
---	-----	-----	----	----	-------	----

I will mail the item/original certificate: Keep Memory Alive   Attn: Anna Robins 888 W. Bonneville Ave. Las Vegas, NV 89106	Please pick up my item (available for Las Vegas ONLY) We will follow up to coordinate/arrange a pick up
KMA has my permission to create a certificate	Certificate to be emailed for KMA to print out

## Please carefully read the following and sign below:

- Upon donation, this item becomes the property of Keep Memory Alive. Such donation may be sold at auction, in Keep Memory Alive's sole discretion, at various events or platforms.
- Keep Memory Alive will not provide you with the final selling price of your donated item.
- Some donated items may be combined with other donated items to create a larger package.
- Keep Memory Alive did not provide any goods or service in whole or part for the above donation.
- If you intend to claim a tax deduction for a non-cash charitable contribution when the amount of the deduction is \$500 or more, IRS Form 8283 may need to be completed. Contact your tax consultant for more information.
- There are specific IRS rules for donations of artwork based on the value of the proposed gift. Please consult a tax professional about your proposed gift of artwork as additional IRS rules apply as the value of your proposed gift increases.
- Keep Memory Alive has my permission to use the supplied image or logo online or in print to accompany the donation listing.

Donor Signature:	Date:		

All proceeds raised through this donation support patients of Cleveland Clinic Lou Ruvo Center for Brain Health and their families. Your generosity funds our social service programs, research trials and caregiver education for those families battling Alzheimer's, Huntington's, Parkinson's, multiple sclerosis and multiple system atrophy. Thank you for your donation!

Power of Love gala auction items are due January 9th, 2026.

Forms received after this date are not guaranteed to appear in the printed program.

Please keep a copy of this signed form for your records.

Keep Memory Alive is a 501(c)(3) organization. Tax exempt ID number 88-0515534.

For Internal Use Only:	
Date Received:	Form Completed:
Logo Received:	Item Received: